

TEXAS 4-H & YOUTH DEVELOPMENT

April 23, 2013

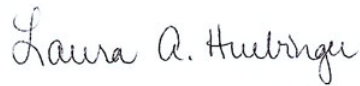
MEMORANDUM

TO: District 8 County Extension Agents

FROM: Donald W. Kelm
District Extension Administrator



Laura A. Huebinger
Extension Program Specialist
4-H & Youth Development



SUBJECT: 2013 DISTRICT 8 4-H LEADERSHIP LAB

4-H CONNECT

REGISTRATION: 4-H Connect will be open for registration from May 1-31, 2013. County Extension Agents must certify registrations by midnight on Monday, June 3.

PAYMENT & COST: Payment must be received by Texas 4-H Foundation by **Friday, June 7, 2013**. Counties will be responsible for their own transportation to and from the 4-H Conference Center and meals while traveling.

DESIGNATION OF

VOTING DELEGATES: Names of the voting delegate(s) from each county are to be marked by the County office on 4-H Connect when certifying registrations. Do not overlook this designation when certifying on 4-H Connect! Each county may designate three (3) youth to serve as voting delegates, as long as at least one (1) of these three (3) voting delegates is a minority as determined by his/her current 4-H Enrollment. District Officers may be one of these voting delegates, but cannot vote in addition to the county's allotted voting delegates.

AGENT CHAPERONES: All agents are welcome to register and attend! No agents are officially being assigned to attend at this time. If you have youth attending from your county, an agent is encouraged to attend as a chaperone. If additional chaperones are needed after youth registration is closed, agents may be assigned to maintain the required male/female ratio.

All agents attending will serve as chaperones and will assist with workshops and other duties as needed during Leadership Lab.

Central District 8 | 4-H & Youth Development
Texas A&M AgriLife Extension Service
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CHAPERONE COST: Chaperones will need to register via 4-H Connect and pay a \$125 registration fee. Agent scholarships may be available if county funds are not available. Please contact the District Office if you have any questions or concerns.

CHAPERONE SCREENING

& TRAINING: **All chaperones attending Leadership Lab must be screened and complete the required training.** The previous training conducted in the past through eXtension for the 4-H Center is no longer accepted. (The training you may have taken sometime in the last few years.) All chaperones must take the new training.

Employees of Texas A&M AgriLife Extension Service: Complete the Child Protection Training through TrainTraQ prior to attending Leadership Lab. Training is good for two years from the date of completion.

Volunteers: Have been screened and cleared through Youth Protection Standards. Complete the Child Protection Training through 4-H Connect prior to attending Leadership Lab. Training is good for two years from the date of completion.

It is the agents' responsibility to orient participants prior to the event concerning the enclosed guidelines so as to avoid any misunderstandings.

If you have questions or need additional information, please contact Laura Huebinger or the District Council advisors: Page Bishop, Emily Cooper, Megan Logan, or Shane R. Martin.

The objective of the Leadership Lab is for delegates to bring back to the county what they have learned and train others in the county. Please recruit youth to attend that will come home and teach!

Attachments



DISTRICT 8 4-H LEADERSHIP LAB

Participant Information

OBJECTIVE: To prepare teen leaders from the 21 counties in District 8 for leadership roles. These roles might be at the county level, or county committees, or their clubs. The hope is that participants will take information back from Lab and share it with members back in their counties. Lab is set up to be enjoyable and fun, but there is work too. Many workshops are set up that will require concentration and serious participation. Speeches are delivered for officer elections. The eligible age is 13-19 years of age. We work and we play. Play time is set up with activities that build team work skills and camaraderie in the district.

4-H CONNECT

REGISTRATION: May 1-31, 2013 at midnight
<http://texas4-h.tamu.edu>, then click on 4-H Connect
Do not wait until the last minute!!

DATES & TIME: Wednesday, June 26 – Friday, June 28, 2013
Arrive at 1pm on Wednesday
Adjourn at 11am on Friday

LOCATION: Texas 4-H Conference Center
5600 FM 3021
Brownwood, TX 76801
Phone: 325-784-5482
Fax: 325-784-6486
<http://texas4h-ctr.tamu.edu/>

COST: \$200 per participant
This includes all meals and snacks beginning with supper on Wednesday and ending with breakfast on Friday, insurance, and facility use at the Texas 4-H Conference Center. Counties will be responsible for their own transportation to and from the 4-H Conference Center and meals while traveling.

WHO CAN ATTEND: All District 8 4-H Council officers plus representatives from each county. All participants must be **at least 13 years of age** by the start of Leadership Lab.

HEALTH &

RELEASE FORMS: Every participant, youth and adults, will need to complete a Health and Release form packet. Forms are included in this letter and will be able to be downloaded from 4-H Connect. Please note: This year's forms require a copy of the participant's **insurance card**. Each participant will be required to bring **the original and two copies** of these forms with you to the Texas 4-H Conference Center. One copy will remain with the chaperone during travel, one copy will remain with the District Office, and the other copy will remain with the 4-H Center.



WHAT TO BRING: Everyone will need to bring their own pillows, sheets, towels, wash cloths, and personal items. A light blanket is recommended. For recreation: swimsuit, sturdy shoes for active games, old tennis shoes or water shoes for lake. A light jacket or sweater is also recommended, as the classrooms and dorms may be cool.

BANQUET: We will be having a banquet. Attire can range from “Sunday best” to “formal.” Gentlemen are asked to wear nice dress slacks with a collared shirt, and a coat and tie. Ladies are asked to wear dresses, dress slacks, skirts, and/or blouses. Formals are acceptable, but please remember to stay within a reasonable dress code. Denim clothing and athletic/tennis shoes are discouraged.

WHAT NOT TO BRING:

- Electronic devices (including but not limited to: cell phones, music players, video games, etc.)
- Fireworks, ropes, roping dummies, water balloons, water guns, silly string, etc.
- Expensive jewelry/accessories
- Excessive food/drinks and gum

CELL PHONES & OTHER

ELECTRONIC DEVICES: You are encouraged to leave your cell phone at home. According to Texas 4-H Center policy, if you are using your cell phone or other electronic device during a workshop, dance, or other activity, it may be taken from you and secured in the Administrative Office. It will be the camper’s responsibility to pick up the item before leaving camp. If he/she fails to do so, mailing is at the owner’s expense.

SHOES: Campers are to wear athletic, tennis type shoes or strap type sandals to activities down at the Lakeside (canoeing, archery, and riflery). Closed toe shoes are also required for Challenge Course activities. Campers may NOT wear flip-flops or other type of backless sandals while traveling on the nature trail down to the lake. Campers are advised to bring “lake shoes” that are closed toe and have a back or at least strap onto the foot (teva style) and can be worn into the lake. These shoes may become wet and/or muddy. **Campers are NOT allowed to wear flip-flops or other type of backless sandals during the evening dance and recreation activities.** Staff may instruct a youth to return to their dorm and change their clothing if any items are not within the guidelines.

DRESS CODE: Please remind 4-H members that 4-H Conference Center Dress Code will be in effect:

- Items not allowed: tops with spaghetti straps, halter type tops, shirts that reveal the midriff, excessively loose fitting pants or jeans, short shorts or skirts, clothing advertising or referencing alcohol, drugs, violence or having sexual content.
- Two-piece swimsuits are allowed, but should adequately cover all body parts.
- No caps, cowboy hats, or sunglasses in the buildings.

PARENT HANDBOOK: Detailed information about dress code, behavior expectations, emergency contact information for parents, etc. can found in the Parent Handbook:

<http://texas4hcenter.tamu.edu/parent-resources-good-stuff/>

- SCHEDULE:** A tentative schedule is enclosed, however it is subject to change. During your free-time, the following recreational opportunities will be available: Volleyball, Ping Pong, Softball, Tennis, Basketball, Swimming and a variety of other games.
- DANCE THEMES:** The theme for the 2013 District 8 Leadership Lab is “With Great Power Comes Great Responsibility” (super heroes). All costumes must be appropriate within dress code. If inappropriate, you will be asked to change clothes.
Wednesday – Super Heroes
Thursday – “Black Tie Affair- There Are Heroes All Around Us” (There is a hero in everybody around us; not just our leaders or the people we look up to. We all are capable of being heroes.)
- SERVICE PROJECT:** We will be collecting items and building care packages to be donated to our troops overseas. More details will be coming soon!
- OFFICER ELECTIONS:** One of the major events of Leadership Lab will be the election of officers for the District 8 4-H Council. Refer to the standing rules for eligibility. **Council Officer Applications are due to the District Office by May 31, 2013 (postmarked).** Refer to the separate officer election letter for further details. That information can be found on the District 8 4-H Council Officer page: <http://d84-h.tamu.edu/district-4-h-council/>

District 8 Leadership Lab

June 26-28, 2013

TENTATIVE SCHEDULE

"WITH GREAT POWER COMES GREAT RESPONSIBILITY"

Wednesday, June 26, 2013

1:00pm – 2:00pm	Lobby	Registration
1:30pm – 2:00 pm	Moore County Room	Officer Candidate Orientation Meeting
2:00pm – 3:30pm	Auditorium	Welcome & Orientation (Officer intro skit, divide into teams)
3:30pm – 4:30pm	Auditorium	Keynote Speaker – An American Solider
4:30pm – 5:00pm		Concurrent Session 1
5:00pm – 6:00pm		Free Time (Swim/Archery)
6:00pm – 7:00pm	Flag Poles	Flag Lowering & Dinner
6:15pm	Moore County Room	Chaperone Meeting
7:00pm – 8:30pm	Auditorium	Evening Team Challenges
8:30pm – 11:00pm	Auditorium	Dance –Super Heroes
11:00pm	Auditorium	Vespers
11:30pm	In Dorms	In Dorms
12:00 Midnight	In Dorms	Lights Out

Thursday, June 27, 2013

7:15am	Flag Poles	Flag Raising & Breakfast
8:15am – 8:30am	Auditorium	General Assembly
8:30am – 10:15am		Outside Team Challenges – Going to the Lakeside!
10:15am – 10:30am		Clean up from Challenges
10:30am – 11:00am		Concurrent Session 2
11:05am – 11:35am		Concurrent Session 3
11:40am – 12:10am		Concurrent Session 4
12:10 Noon		Lunch
1:10am – 1:40am		Concurrent Session 5
1:45am - 2:15am		Concurrent Session 6
2:15pm – 5:00am	Auditorium	Business Meeting & Officer Elections
		Community Service Project for non-voting delegates
5:00pm – 6:30pm		Banquet Preparation/Free Time
6:30pm – 8:00pm	Auditorium	Banquet (Formal/Sunday Dress attire)
8:30pm – 11:30pm	Auditorium	Dance/"Black Tie Affair–There are Heroes All Around Us" (There is a hero in everybody around us; not just our leaders or the people we look up to. We all are capable of being heroes.)
11:30pm	Auditorium	Vespers
11:45pm	In Dorms	In Dorms
12:00 Midnight	In Dorms	Lights Out

Friday, June 28, 2013

7:15am	Flag Poles	Flag Raising, Campus Sweep, & Breakfast
8:15am	Auditorium	Camp Photo
8:45am	Auditorium	Closing Session
10:30am		Have a safe trip home!

Texas 4-H Conference Center
RELEASE FORMS

CAMP AND ENRICHMENT PROGRAM
WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of Texas 4-H Conference Center (herein referred to as "camp"), which is sponsored by Texas A&M AgriLife Extension Service, a member of The Texas A&M University System and its Texas 4-H and Youth Development Program, (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for the Texas A&M University System, Texas A&M AgriLife Extension Service, Texas 4-H and Youth Development Program, Texas 4-H Youth Development Foundation, Texas A&M University, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE, I am fully aware that there are inherent risks to my child, myself and others involved with participation in any and all activities at the Texas 4-H Conference Center, and I choose to voluntarily participate/allow my child to participate in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I/my child should not participate. I agree to indemnify and hold harmless INDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child, other participants, and third-persons as a result of my/my child's participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.

3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my/my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITIES for any costs incurred to treat me/my

child, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself/my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20__

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature:
(If participant is under 18 years old) _____

Parent or Legal Guardian Printed Name:
(If participant is under 18 years old) _____

In case of emergency, contact _____
at the following number _____

If the participant has medical insurance, please indicate:

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

Please list any special services your child may require: _____

PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD.

Texas 4-H Conference Center
CONSENT TO PARTICIPATE – YOUTH PARTICIPANTS
Required by American Camp Association for Program Accreditation

I, or we, parent(s) or guardian(s) of a minor child named _____ do hereby give consent for said minor child to participate in all activities other than swimming, kayaking, sailing, canoeing or Challenge Course activities scheduled as part of the Texas 4-H Conference Center program to be conducted at the 4-H Conference Center, 5600 FM 3021, Brownwood, TX 76801; Phone (325) 784-5482. Activities include riflery, archery, initiative games, crafts, and environmental education. Participants will be attending parties, ceremonials, and other activities during their stay.

PLEASE CHECK AND INITIAL THE APPROPRIATE RESPONSE IN THE FOLLOWING SECTIONS:

Swimming, kayaking, canoeing and/or sailing activities: I/we do further give consent for said minor child to participate in organized **swimming, kayaking, canoeing and/or sailing activities** conducted at the 4-H Conference Center. I/we understand that said minor child shall be required to take an approved swimming skill level test and will be assigned to that portion of the swimming area which is commensurate with his or her demonstrated swimming ability. An approved swimming skill level test will also be required before said minor child can participate in canoeing, kayaking or sailing program. Participants will be required to wear Personal Floatation Devices at all times during participation in canoeing, kayaking and/or sailing activities.

_____ Yes _____ No

Challenge Course activities: I/we do further give consent for said minor child to participate in **organized activities on the Texas 4-H Conference Center Challenge Course**. I/we understand that said minor child will be supervised and instructed in these events by an individual who has been certified and trained to facilitate this level of programming. All participants are provided instruction on the wearing and use of safety equipment prior to participation.

_____ Yes _____ No

Media Release: In the event photographs, slides, or video tapes are made of said minor child, I/we consent to the **release of those photographs, slides or video tapes** for use in promoting programs at the Texas 4-H Conference Center.

_____ Yes _____ No

Field Trips: I/we do further give consent for said minor to **participate in scheduled field trips** during this program. I/we understand that only approved adult volunteers and/or staff will transport said minor off the Texas 4-H Conference Center grounds and will serve as a chaperone for the field trip.

_____ Yes _____ No

The following information is used upon departure of the said minor child from overnight activities held at the 4-H Conference Center. This does NOT apply to school groups that participate in day activities ONLY.

Further, I/We do hereby authorize the Texas 4-H Conference Center to release said minor child to the following person/people at the conclusion of the activity: (please list all persons, including parents):

Further, I/We require that said minor child NOT be released to the following person/people at the conclusion of the activity:

Signature of Parent or Guardian

Date

Texas 4-H Conference Center
HEALTH STATEMENT

Check one: Youth Adult County _____
Event: _____ Event date(s): _____

The proposed activity provided by the Texas 4-H Conference Center, requires participation in physical exercises, which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other disease. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

Section I. Participant Information

Name _____ Date of Birth _____ Age _____ Gender _____
Address _____ Name of Physician _____
City, State, Zip _____ Physician's Phone _____
Home Ph _____ Date of last physical exam _____

Section II. In the event of an Emergency, please contact:

Name _____ Home Ph _____
Address _____ Work Ph _____
City, State, Zip _____ Cell Ph _____

Section III. Health History (Check the appropriate answer and explain any YES responses.)

Have you had or do you currently have any heart problems (dates): _____ YES ___ NO ___

Do you frequently suffer from pains in your chest: _____ YES ___ NO ___

(NOTE: If you have any heart related problems you will need to have a physician's release.)

Do you often feel faint or have spells of severe dizziness: _____ YES ___ NO ___

Has a doctor ever told you that you might have high blood pressure: _____ YES ___ NO ___

Are you a smoker: _____ YES ___ NO ___

Do you have arthritis, joint, or back problems that can be aggravated by exercise: _____ YES ___ NO ___

Have you had any operations or serious injuries (dates): _____ YES ___ NO ___

Do you have any chronic recurring illness or communicable diseases: _____ YES ___ NO ___

Are there any activities to be limited/discouraged by a physician's advice: _____ YES ___ NO ___

Are you allergic to any medications, food or food ingredients, insects, or pollens: _____ YES ___ NO ___

Do you have Epilepsy: _____ YES ___ NO ___

Do you have Diabetes: _____ YES ___ NO ___

Do you have any prescribed meal plan or dietary restrictions (please describe) _____ YES ___ NO ___

Any other health related information for Center personnel to be aware of: _____

Section IV: Medications (ALL medications must be in ORIGINAL container with ORIGINAL LABEL.)

Are there prescribed medications currently being taken (please describe) _____ YES ___ NO ___

Please check "over the counter" medications which camp personnel may administer as necessary:

___ Immodium ___ Pepto Bismol ___ Ibuprofen (Motrin) ___ Acetaminophen (Tylenol)
___ Neosporin ___ Benadryl ___ Calamine/Caladryl ___ Any as needed

Section V. Insurance Information Do you carry family medical/hospital insurance? YES ___ NO ___

Carrier: _____ Policy Number: _____

Signature of Participant: _____ Date: _____

(Or guardian if participant is under the age of 18)